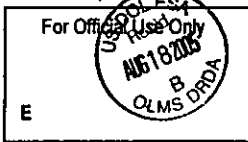


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9458</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Thomas</u> <u>N</u> <u>Conelias</u> P O Box Bldg Room No if any Street <u>33 West Hawthorne Ave Suite 30B</u> City <u>Valley Stream</u> State <u>New York</u> ZIP Code + 4 <u>11580-6207</u>	4 Name file number and address of labor organization Name <u>IBT Local 851</u> Labor Organization File Number <u>068,051</u> P O Box Building and Room Number if any Street <u>33 West Hawthorne Ave Suite 30B</u> City <u>Valley Stream</u> State <u>New York</u> ZIP Code + 4 <u>11580-6207</u>
5 Position in labor organization <u>President/Business Agent</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Thomas N Conelias

On 08/04/2005  
Date

(516) 561-1311  
Telephone Number

Name of Person Filing Thomas Conelias	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name Local 295/Local 851 Health & Welfare Fund Trade Name if any P O Box Bldg Room No if any Street 1 Dag Hammarskjold Plaza 20th Flr City New York State New York ZIP Code + 4 10017	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> Related Health & Welfare fund for Union Members <b>11 b Approximate dollar value of such dealing</b> \$19,597,763 <b>12 a Nature of interest held or income received</b> Reimbursement of Expenses for Trustees meetings including Hotel Room Airfare meals and seminar registration fees <b>12 b Amount</b> \$1,855

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name Alliance Bernstein Trade Name if any P O Box Bldg Room No if any Street 1345 Avenue of the Americas City New York State New York ZIP Code + 4 10105 <b>13 b Is the Business an Employer</b> <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	<b>14 a Nature of payment</b> Business lunch with potential vendor <b>14 b Amount of payment</b> \$56
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## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Local 295/Local 851 Pension Fund

Trade Name if any

P O Box Bldg Room No if any

Street 1 Dag Hammarskjold Plaza 20th Flr

City New York

State New York ZIP Code + 4 10017

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 11 a Nature of such dealing

Related Pension fund for Union Members

## 11 b Approximate dollar value of such dealing

\$6 888 300

## 12 a Nature of interest held or income received

Reimbursement of Expenses for Trustees meetings including Hotel Room Airfare meals and seminar registration fees

## 12 b Amount

\$1 855

## Part C Continuation Page

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name Amalgamated Bank

Trade Name if any

P O Box Bldg Room No if any

Street 15 Union Square

City New York

State New York ZIP Code + 4 10003

**14 a Nature of payment**

Business lunch with potential vendor

**13 b Is the Business an Employer** ☒ **or Consultant** ☐ ?

**14 b Amount of payment**

\$70

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name NY Capital Advisors LLC

Trade Name if any

P O Box Bldg Room No if any

Street 80 Orville Drive

City Bohemia

State New York ZIP Code + 4 11716

**14 a Nature of payment**

Business dinner with potential vendor

**13 b Is the Business an Employer** ☒ **or Consultant** ☐ ?

**14 b Amount of payment**

\$55

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

**14 a Nature of payment**

**13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?

**14 b Amount of payment**